



What Works in Crisis Response

Behavioral Health Crisis Response Team
City of Boulder Housing & Human Services

BHCRT Overview



2014 – Team launched as a multi-agency partnership through our local CMHC

2021 – Team brought into CoB

2023 – Team expansion

2025 to today – Team reset and reconfiguration

What works?

- Have an organizing philosophy
 - Know who your client is
 - Center the client in your decision making
 - Don't make it worse
 - Consider the long-term impact of whatever you're going to do
 - Maintain your professional identity

What works?

- Ground your practice in applicable laws and ethics
- Have a framework for thinking through difficult situations
 - ACA's Guide to Ethical Decision Making
 - Autonomy
 - Non-Maleficence
 - Beneficence
 - Justice
 - Fidelity
 - Veracity

What works?

- Develop, maintain, increase your capacity to be present with suffering
 - A mindfulness practice is highly recommended but may not be enough
 - Understand transference and countertransference
 - Do your own therapy, preferably with someone who has skill in a trauma modality
 - Having a healthy team can help metabolize trauma, stay in the Zone of Fabulousness, and beware parallel process

What else?

- Crisis teams are not a substitute for a functioning behavioral health system
- When other parts of the system are weakened or fail, crisis work becomes more difficult for the client and the people trying to help
- Acknowledging reality is highly recommended

Clinical Case Management

- Short-term, high-intensity case management to connect clients to ongoing services and community resources following a crisis
- Services designed to be as low barrier as possible to best meet individual needs
 - Free to community members: no billing restrictions
 - No set time limit: allows case managers to be flexible in how they meet client needs
 - Community based: able to meet people in their homes, community locations, and/or over the phone
 - Intensive Case Management Model: low case loads = increased availability
 - Client driven

What works in clinical case management?

- Same principles apply
 - Ethical, client centered, internal capacity to sit with suffering while understanding transference/countertransference
- But keep the goal in mind
 - Implement services to support autonomy while assessing for whether symptoms may be a barrier
 - Identify and hold appropriate boundaries while maintaining relationship
- Trust the resilience and wisdom of clients
- "Why not?" creativity

Impact

Catherine*

- Numerous contacts with the 911 system after client fled from an abusive relationship out of state
- Living unsheltered and experiencing a significant increase in trauma symptoms creating barriers to accessing care and support
- Referred to CM following crisis contact, who built rapport and offered to attend appointments with client to provide reality testing and support to tolerate the experience
- Demonstrable reduction in trauma symptoms throughout episode of care reducing barriers to accessing safety and support including shelter with transitional housing opportunity, benefits, and behavioral health treatment
- Significant reduction in contact with the 911 system

*identifying information changed for privacy

Impact

Alan*

- Elderly male came into contact with the 911 system following community members noticing he was struggling to care for himself and appearing to be hallucinating
- During crisis contact it became clear that he was struggling with age-related cognitive and physical decline but had been isolated with limited supports
- Referred to CM who slowly built rapport with client to better understand underlying symptomology creating barriers to accessing care including paranoia and perceptual disturbances due to a neurocognitive disorder
- CM worked to both support the client's autonomy while building trust to advocate for services which met the client's goals for remaining as independent as possible
- CM assisted client to navigate financial, logistical, and psychological barriers to bring in appropriate supports to increase likelihood that he can live on his own successfully

*identifying information changed for privacy

Thank you

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